DOCUMENT RESUME

ED 446 305 CG 030 416

AUTHOR Coll, Kenneth M.; Hubbell, Kelly
TITLE Theoretical Misconceptions: Person-Centered Therapy and Brief Counseling.
PUB DATE 2000-04-00
NOTE 17p.
PUB TYPE Opinion Papers (120)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Case Studies; *Comparative Analysis; *Counseling Theories; Counselor Training; *Psychotherapy; Theory Practice Relationship
IDENTIFIERS Brief Therapy; Person Centered Therapy

ABSTRACT

This paper discusses some misconceptions about person-centered therapy being incompatible with brief counseling. Three major reasons contribute to why the person-centered approach has been omitted from the literature related to brief counseling. First, brief counseling was initially identified with the cognitive-behavioral school of therapy. Second, the person-centered approach is considered more of a philosophy. A third misconception concerns the misunderstanding surrounding empathy. In reality, therapists in short-term, time-limited situations are using many aspects of the person-centered approach. Both therapies share approaches that are based on similar beliefs, such as: psychotherapy should be formulated to meet the uniqueness of the individual's needs; every individual has the potential towards growth; and therapists realize the significance of the therapeutic quality of a solidly built relationship. Included in the paper is an excerpt from a third session (out of 10 sessions) of a person-centered brief therapy with a 30-year-old woman who is working on improving her low sense of self-efficacy. (Contains 14 references.) (JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 446 305

Theoretical Misconceptions:

Person-Centered Therapy and Brief Counseling

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
K COLL
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG030416

BEST COPY AVAILABLE

Kenneth M. Coll is Associate Professor at Boise State University, Boise, ID.

Kelly Hubbell received her MS in Counseling from the University of Wyoming.

Please send correspondence to Dr. Kenneth M. Coll, Department of Counseling and Testing, Boise State University, Boise, ID 83725. 208-426-1821, kcoll@boisestate.edu

Abstract

This article discusses some of the misconceptions about person-centered therapy being incompatible with brief counseling. An excerpt of the person-centered approach used in brief counseling is included for illustrative purposes.

Theoretical Misconceptions: Person Centered Therapy and Brief Counseling

New counselors often have difficulty in selecting an integrative orientation, and to be successful, need a firm understanding of major approaches (George & Cristiani, 1990). This firm understanding must include in-depth comparison of major counseling approaches. Only then can the integration of these ideas within one's own counseling style lead to a systematic and effective applicability in practice (George & Cristiani, 1990). An examination of misconceptions about person-centered therapy being incompatible with brief counseling and a comparison with a prominent brief counseling approach, Ericksonian therapy, can be a contribution to such understanding and integration.

Roger's (1986) conclusions about what constitutes the necessary conditions for a therapeutic relationship have all but been adopted by the majority of practicing counselors and therapists regardless of how they identify their theoretical orientation (Wood, 1986). Rogers' facilitative conditions, specifically the importance of the therapeutic relationship, ability to empathize, and being genuine, have become basic to almost every counseling approach (Goodyear, 1987; Patterson, 1984; Usher, 1989). Theorists with such solid brief oriented and behaviorist views as Ellis, Bandura, Solpe, Polster and Raimy acknowledge the essential contribution of the therapeutic relationship to behavior change (Goodstein, 1977). Indeed, in his article, "How can psychological treatment aim to be briefer and better? - The Rational-Emotive approach to brief therapy" Albert Ellis lists warmth, support and acceptance as critical to long-term symptom relief (Ellis, 1990).

Given the tremendous influence Rogers has had on the field of counseling, it is curious that the person-centered approach has all but been omitted from the literature related to brief counseling. Brief or short-term counseling ranges in length from a

minimum of one interview to a maximum of about twenty sessions (Bloom, 1992). Its fundamental components include a relatively high level of therapist activity, establishment of specific but limited goals, the identification and maintenance of a clear focus, and the setting of a time limit (Bloom, 1992). The documented advantages of short term counseling include elimination of waiting lists, reduction of cost of care, and positive evaluation of client change. Indeed, researchers have found that planned short-term therapies are virtually as effective as time unlimited therapies, regardless of diagnosis or duration of treatment (Bloom, 1992).

Bloom's (1992) text on current short-term counseling models makes no mention of the Person - Centered approach or Carl Rogers. However, it is evident that some of those using a short-term approach employ person-centered beliefs without necessarily identifying them as such. For example, Kaplan (1992) identifies the core conditions that she believes to be most important in providing "short term treatment in a woman's college mental health center" (p. 460) as empathy, being emotionally involved, and engaging in a high level of active listening. "Our task is initially to listen and be with her in her experience and join with her in a mutual process of exploration, discovery and growth" (p. 461). In short, Kaplan ranks a non- directive approach, the communication of empathy, and focus on the relationship as the primary components in her short-term, time limited approach.

Stockdale (1989) writes specifically about the effectiveness of the person-centered approach in hospital intensive care units, with the implication that most of the patient contact has to be of a brief nature. Stockdale believes the person-centered approach is ideal for empowering patients, family members, and nursing staff who find themselves in this kind of stressful short-term situation.

As a trained psychoanalyst, Haldane (1975) became a person-centered

therapist specifically because he found the person-centered approach suitable to working with clients in a time-limited framework.

Because the initiative is clearly left with the patient, over-dependence is less likely to be fostered. This makes the method particularly suitable for brief psychotherapy, and patients can often get sufficient help from ten or a dozen sessions. (p. 473).

Indeed, in Bloom's (1992) description of his focused single-session therapeutic approach, he recommends exploring, encouraging affect, keeping interpretation and questions to a minimum, and having faith in the client's self awareness. This sounds strikingly similar to the basic tenets of the person-centered approach.

Clearly, many aspects of the person-centered approach are being used by therapists in short-term, time-limited situations and the basic tenants continue to be incorporated into various forms of brief counseling. The focus of this article is to address some misconceptions about person-centered therapy being incompatible with brief counseling. This discussion is aided by identifying areas in which the person-centered theory is similar to that of one of the founders of of brief counseling, Milton Erickson. An illustrative excerpt of person-centered brief counseling is also included.

Misconceptions

It can be speculated that three major reasons contribute to why the person-centered approach have traditionally been omitted from the brief therapy literature. First, brief counseling was originally identified with the cognitive-behavioral school of therapy. In his article, "Why not long-term therapy," Haley (1990) states that traditionally brief therapy has been more directive and more solution-focused than long-term therapy. Certainly, many of the standard brief therapy techniques listed by

Ellis (1990) would not be compatible with a person-centered philosophy. These include advice giving, problem solving for the client, offering explanations and insights about the client's past and disputing irrational beliefs.

However, a second and perhaps more significant reason for the omission of the person-centered approach from the brief counseling literature may have to do with the philosophical misunderstandings that continue to haunt person-centered counseling. In the Roundtable Discussion put forth recently by the Person-Centered Review (Boy & Pine, 1990), the question was asked, Why do you think there are so few person-centered practitioners or scholars considering that literally thousands of persons throughout the world attest to the enormous impact person-centered counseling and Carl Rogers have on their personal and professional lives? Many of the responses echoed the belief that being person-centered was a continual challenge to the counselor personally. Boy and Pine (1990) note that it is not easy to respect and trust, and indeed, it takes a particularly independent and courageous person to be client/person-centered. Brodley (1993) asserted that person-centered therapy is a disciplined living out of certain values and attitudes in a professional helping relationship with the client. Gunnerson (1985) indicated that, for example, it is difficult to expect graduate students to understand that their knowledge and skill training may not be as important as their own being and their ability to create a therapeutic climate (Rogers, 1957). While brief therapy has often been characterized as a collection of clearly identifiable techniques (Bloom, 1992), the person-centered approach is considered more of a philosophy (Ruskin & Rogers, 1990), with learning being less of a "how to" process and more of a self actualizing and self challenging journey.

A third misconception impeding the person-centered approach as a viable brief model may be the misunderstanding surrounding empathy. Of the three core

conditions, empathy, congruence and positive regard, empathy seems to have become interpreted as a "parroting" technique. Defined as such, it can be criticized as shallow, boring, without purpose, time consuming, and incompatible with brief counseling. Rogers defined empathy as the ability to "sense the client's private world as if it were your own" (Rogers, 1957), p. 99). He (Rogers, 1987) termed empathy as a "complex type of interaction" (p. 39). Empathic communications involves a constant testing or checking of the therapist's understanding against the client's inner reality. For Rogers, empathic resonating was not a gimmick. It was the process the therapist used to ask: Do I have it right? It this what you are feeling? The counselor works to understand the client's feelings by laying aside their own views in order to enter the client's world without prejudice (Rogers, 1986). According to Rogers, when the counselor is able to "move about" in the client's phenomenological world, the client benefits in two ways. First, the counselor is able to demonstrate to the client that he or she understands in some small way what it is like to be that person at that time. Second, the therapist is able to "voice meanings in the client's experience of which the client is scarcely aware" (Rogers, 1957, p. 99). An attitude of empathy is crucial for enabling the client to gain clarity, put something in place, then be able to move on (Rogers, 1957). Therapeutically, the client feels understood and accepted. This makes it possible for the client to quickly venture into that area of which they have been "scarcely aware." Clearly, an empathic attitude is something a counselor can initiate and communicate to assist client change in a very time efficient manner.

Similarities of Rogers' and Erickson's Approaches

Many of the philosophical underpinnings of Rogers' theory are compatible with Erickson's theory. For example, when discussing patient self-determination and motivation, Milton Erickson is quoted as saying, "Each person is a unique individual.

Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs rather than tailoring the person to fit the Procrustean bed of hypothetical theory of human behavior" (Zeig and Gilligan, 1990, p. xix). Not only does Erickson believe that each individual is unique, he believes that each individual has within themselves (or within their social structure) the resources they need to solve their problems (Erickson & Rossi, 1979, Gunnerson, 1985). Erickson believes that by listening to the client, in his or her totality, the therapist can find the clues or "cues" to that client's mental health (Erickson & Rossi, 1979: Gunnerson, 1985).

Both Rogers and Erickson developed their theories out of their contact with clients, both believe that people are internally motivated, and both believe in empowering the individual (Gunnerson, 1985). As also discussed by Gunnerson (1985), what Rogers called the wisdom of the organism, Erickson referred to as the wisdom of the unconscious (Erickson, Rossi & Rossi, 1976; Rogers 1987). Both Rogers and Erickson strongly believed in the individual's potential toward growth. This agreement on the growth tendency was confirmed by Rogers as he noted (1986) "When I look at Erickson's work, I find that he also seems to trust this directional aspect in the person...Both of us find that we can rely, in a very primary way, on the wisdom of the organism" (p. 128). Rogers (1977) referred to the importance of being "non-directive", meaning not interpreting, advising, guiding, or explaining, but rather trusting the person's positive directional tendency. Erickson also believed in avoiding lecturing or interpreting and in helping the patient utilize and activate resources and leanings already within (Erickson, Rossi, & Rossi, 1976).

Both approaches believe in the therapeutic quality of a solidly built relationship. Both believe that the therapeutic relationship is built upon empathic understanding, trust in their clients and in themselves, and in the power of their ability to be genuine

(Gunnerson, 1985). For example, Bloom (1992) noted that Erickson dealt with all patients' problems as if they were perfectly normal, and they were simply struggling, as we all are, with the human condition. Erickson asserted that "an attitude of empathy and respect on the part of the therapist is critical to ensure successful change" (Erickson & Zieg, 1980, p. 336). Of course, Rogers saw empathy as a necessary condition to therapeutic success. Erickson agreed, and used the patient's own vocabulary to form a strong empathic bond (Gunnerson, 1985). Indeed, in noting that differences seem not as important as similarities in his approach and Erickson's , Rogers (1987) asserted that If in our work we both rely on the fundamental directional tendency of the client-patient, if we are intent on permitting the client to choose the directions for his or her life, if we rely on the wisdom of the organism in making such choices, and if we see our role as releasing the client from constraining self perceptions to become a more complete potential self, then perhaps the differences are not so important as they might seem. (p. 566).

An Excerpt of the Person-Centered Approach used in Brief Counseling

This excerpt is an example of the use of person-centered brief therapy in a third session (of 10) interview with a 30 year old woman who was working on improving her low sense of self-efficacy. It illustrates that by trusting client centeredness, the client's inner-motivation, and by responding empathetically, the client can rabidly progress to insight and behavior change within a time-limited framework.

Client (CL): Two years ago I had an abortion, and it was a really difficult decision because I don't believe in them for myself. I think its right for some people but its not right for me. I did that because the guy that I was seeing, that I had just broken things off with said "it's either me or the baby, you can't have both; if you have this child I'm

not hanging around." And so I had an abortion. And it's really tough. I always wanted to have lots of kids. I wish I would have explored or used all of the acceptable options for pregnant women. I've given a child up for adoption, I've had my daughter, and then I've had an abortion, and for somebody who wanted to have lots of kids--its kind of a poor track record. (sigh)

Counselor (CO): You feel a great deal of grief about this.

CL: Yes. So many regrets, and at this point in my life, especially after going ahead, and well the way that that relationship turned out--its like, I killed this child for a man who didn't deserve it, and so (big sigh) (deep breath) its just not good.

CO: So, part of the real hit on your self worth is that you feel like in hind sight, it's a decision you now regret deeply.

CL: Actually, I knew it at the time. I knew it was not a good decision, it was a really painful...saddening...awful deal. I mean just the whole things, I mean I didn't feel good about it at the time and I don't feel good about it now.

CO: So, at the time you felt pressured to do it, and felt awful, and still feel that deep pain now.

CL: And I don't like myself because I yielded.

CO: Yes?

CL: And I knew it was wrong.

CO: (Nods) So that is some of the self-worth erosion, you're saying--I knew I shouldn't have done that, yet I did it.

CL: (Nods) Yes, but I did it anyway.

CO: Its like - "I weakened, and its hard to like myself for that."

CL: Uh uh, and when I told you I was kind of nervous about that self exploration thing, its' because I didn't want to find myself weak.

CO: Yes?

CL: (Nods) Yes, this is one of those issues I think.

Pause

CL: I don't like what I did, so I don't like myself.

CO: Well what do you--do you have a sense at this point of what you think you need?

CL: Besides letting go! (laughs)

CO: (Laughs) What you need right now?

CL: Well part if it, I think, is forgiveness, self-forgiveness. Acknowledging that , yes I'm human and I'm going to make mistakes. This one is absolutely the most costly-(silence) beyond that I really don't know. I mean its really difficult because I see lots of things that remind me about having babies, lots of kids that would be that baby's age..(tears) I had a blessing that I eliminated from my life - (tears). That child never even had a chance. (CO hands CL a tissue) Thanks. So when I see the reminders, on a very frequent basis, I don't know.

CO: So it still hurts so much and self forgiveness is so hard. Its been a couple of years and its still...

CL: Its right there, it still hurts, I still think about it-I still regret it, regret my decision. I feel like I shouldn't have been weak.

CL: Because "I still want that child".

CO: Yes, I say that to myself. That voice is still powerful, the emotions and the feelings that I have.

This excerpt illustrates the person-centered approach, with both an adherence to brief counseling tenants (high level of counselor activity, establishment of specific goals (improving self efficacy), and identification and maintenance of a clear focus-self worth); and to a person-centered approach. From the point of view of the therapeutic

process, the client "experience(d) fully, in awareness, feelings in which have in the past been denied to awareness, or distorted in awareness" (Rogers, 1959. p. 216). As illustrated in this excerpt, the process this can be a highly effective and highly time efficient.

In terms of the outcome for the client, immediately after the interview, she described a great "weight" being lifted and a sudden awareness that these denial feelings have been negatively effecting her trust in men. She noted that she was beginning to feel more whole. Immediate (next session) behavioral changes reported were in being more assertive (e. g., promptly voicing her beliefs with her current significant other and her father).

Conclusion

The purpose of this article was to identify some of the misconceptions about person-centered counseling being incompatible with brief counseling. Rogers and Erickson had similar goals for their clients . Both developed approaches based on philosophical principles (e.g., the client's positive directional tendencies, the wisdom of the organism, an empathic and rapport building attitude). If Erickson's approach can be effectively used in brief counseling (Bloom, 1992), why not Roger's approach? As illustrated in the case excerpt, the person-centered approach can be effectively used to meet the major tasks of brief counseling; high counselor activity, specific goals, and clear focus, and a time limit.

References

Bloom, B.L. (1992). Planned short-term psychotherapy: A clinical handbook. Needham Heights; Allyn Bacon.

Boy, A.V., & Pine, G.J. (1990). A person-centered foundation for counseling and psychotherapy.

Brodley, B.T. (1993). Response to Patterson's "Winds of change for client-centered counseling." Journal of Humanistic Education and Development, 31, 139-143.

Ellis, A. (1990). How can psychological treatment aim to be briefer and better? - The Rational-Emotive approach to brief therapy. In J.K. Zeig & S.G. Gilligan (Eds), Brief therapy: Myths, methods, and metaphors, (pp. 291-302). New York: Brunner/Mazel.

Erickson, M. H., & Rossi, E. L. (1979). Hypnotherapy: An exploratory casebook. New York: Irvington.

Erickson, M. H., Rossi, E. L., & Rossi, S. I. (1976). Hypnotic realities. New York: Irvington.

Erickson, M. H., & Zeig, J. K. (1980). Symptom prescription for expanding the psychotic's world view. In E.L. Rossi (Ed.), The collected papers of Milton H. Erickson on hypnosis (Vol. 4, pp. 335-337). New York: Irvington.

George, R. L., & Cristiani, T. S. (1990). Counseling: Theory and Practice. New Jersey: Prentice Hall.

Goodstein, L.D. (1977). Detente in psychotherapy. Review of A. Burton (Ed.), What makes behavior change possible? Contemporary Psychology, 22, 578-579.

Goodyear, R. (1987). In memory of Carl Ransom Rogers. Journal of Counseling and Development, 65, 523-524.

Gunnerson, H. (1985). The uniqueness of similarities: Parallels of Milton H. Erickson and Carl Rogers. Journal of Counseling and Development, 63, 561-564.

Haldane, F.P. (1975). A technique of insight-directed psychotherapy for health service use. British Journal of Psychiatry, 126, 469-474.

Haley, J. (1990). why not long-term therapy? In J.K. Zeig & S.G. Gilligan (Eds.), Brief therapy: Myths, methods, and metaphors (pp. 3-17). New York: Brunner / Mazel.

Kaplan, A.G. (1992). When all is said and done, what is the core of brief therapy? The Counseling Psychologist, 20 (3), 460-463.

Patterson, C.H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. Psychotherapy, 21(4), 431-438.

Rogers, C. (1986). A client-centered/person-centered approach to therapy. In Kutash, I. and Wolf, A. (Eds.), Psychotherapists Casebook. Jossey-Bass, 1986, 197-208.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 95-103.

Rogers, C.R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), Psychology: A study of a science. Formulations of the person and the social context (Vol. 3, pp. 184-256). New York: McGraw-Hill.

Rogers, C.R. (1977). Carl Rogers on personal power. New York: Dell.

Rogers, C.R. (1987). Comments on the issue of equality in psychotherapy. Journal of Humanistic Psychology, 27(1), 38-40.

Ruskin, N.J. & Rogers, C.R. (1990). Person-centered therapy. In Corsini & Wedding (Eds.), Current Psychotherapies (4th ed.), (pp. 155-194). Itasca, Illinois: Peacock.

Stockdale, L.L. (1989). Person-centered counseling: Application in an intensive care setting. Heart & Lung, 18, 139-145.

Usher, C.H. (1989). Recognizing culture bias in counseling theory and practice: The case of Rogers. Journal of Multicultural Counseling and Development, 17, 62-71.

Wood, J.K. (1986). Roundtable discussion: What is most essential to the continual development of the theory and application of the client-centered approach? Person-centered Review, 1, 350-351.

Zeig, J.K., & Gilligan, S.G. (Eds.). (1990). Brief therapy: Myths, methods, and metaphors. New York: Brunner / Mazel.